



Youth Camps Hot Topics 2017

**Department of Health and Mental Hygiene
Environmental Health Bureau**

**Center for Healthy Homes and Community Services
6 Saint Paul St, Suite 1301
Baltimore, MD 21202-1608**

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Carroll ✦ Charles ✦ Frederick
Garrett ✦ Howard ✦ Montgomery
Prince George's ✦ St. Mary's
Washington

Baltimore City ✦ Baltimore ✦ Caroline
Cecil ✦ Dorchester ✦ Harford ✦ Kent
Queen Anne's ✦ Somerset ✦ Talbot
Wicomico ✦ Worcester

Mission Statement

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



Child Protective Services Background Clearance Process Update

Medication Administration

Permission

COMAR 10.16.07.14

- Medication Administration Authorization Form (MAA)
 - Required for any medication (Rx or OTC) brought to camp by camper/parent.
- Standing Orders
 - Needed for any medication (Rx or OTC) provided by the camp
 - Need written permission to administer from parent
 - No camper self-administration, staff must administer and staff must have certification (BON or DHMH)

Medication Administration

Administration

COMAR 10.16.07.14

- Camper Self-Administration
 - MAA form must have parent and doctor's signature in Self-Administration section
 - Includes insulin
 - Staff supervision, no certification or course only training by health supervisor
- Staff Administration
 - Certification
 - Nurse, RN, or CMT (cert./lic. Issued by BON), includes insulin
 - DHMH – YCMACH, Annually, does not include insulin
 - Record of training – see YCMACH

Medication Administration

Storage and Handling

COMAR 10.16.07.14

- Medication (Rx or OTC)
 - Locked storage
 - Rx
 - Prescription label
 - OTC
 - Original container with directions for use
- Give from original container
- Follow directions / MAA / Standing Order
- Side effects and toxic effects
- Secure medications

Medication Administration

Storage and Handling

COMAR 10.16.07.14

- Medication (Rx or OTC)
 - Storage according to direction (i.e. refrigeration)
 - Medication Administration Form (MA)
 - Document staff administration
 - Document self-administration
 - Medication Final Disposition Form (MFD)
 - Within 2 weeks of end of session or when done with medication
 - Either:
 - Return to parent, guardian or designated individual (can include camper)
 - Destroy medication

Medication Administration

Emergency Medication

COMAR 10.16.07.14

- MAA form – marked on form as “Emergency Medication”
- Location
 - Self carry if marked on form
 - By supervising staff member, or
 - At designated easily accessible location
- Administration
 - Self-Administer if marked on form
 - Staff administer (cert. or licensed)
 - Adult trained by health supervisor

Medication Administration

Emergency Medication

COMAR 10.16.07.14

- Staff Training
 - Must be trained by RN, MD, or CNP
- See also Emergency Epinephrine for having and using general auto-injectable epinephrine



Medication Administration

Primitive Camp

COMAR 10.16.07.14

- Keep medication inaccessible to campers
- Camper may self carry and emergency medication if marked on MAA

Medication Administration

Staff Medications at Camp

COMAR 10.16.07.14

- Place to secure
- Kept secure at all times
- Self-Administration
 - No forms required
- Staff Administration
 - Need MAA
 - Adult staff may sign in place of parent
 - Doctor must sign form
 - Need MA
 - Need MFD

Health Program

(Optional) Emergency Epinephrine

COMAR 10.16.07.15

- An emergency epinephrine educational training program shall include:

- 1) The signs and symptoms of anaphylaxis
- 2) Use of an emergency auto-injectable epinephrine pen
- 3) Follow-up procedures with a parent or guardian after an emergency auto-injectable epinephrine is administered
- 4) A skills demonstration
- 5) A written examination



Health Program

(Optional) Emergency Epinephrine

COMAR 10.16.07.15

- An individual teaching an emergency epinephrine educational training program shall be licensed as a physician, a register nurse, or a certified nurse practitioner.

Health Program

(Optional) Emergency Epinephrine

COMAR 10.16.07.15

- Applicant = Someone that:
 - 1) Operates a youth camp
 - 2) Is at least 18 years old
 - 3) Has successfully completed an emergency epinephrine training program approved by the department.

Health Program

(Optional) Emergency Epinephrine

COMAR 10.16.07.15

- The applicant may apply to the Department for a Certificate for Emergency Epinephrine by submitting a written policy that includes:

- 1) Designation of agents
- 2) The name of the approved emergency epinephrine educational training program
- 3) Procedures to:
 - a) Store the epi pen
 - b) Notify parents it is available
 - c) Maintain epi pen in secure manner
 - d) Report use of epi pen according to .06
 - e) Train certificate holder and agent annually
 - f) Keep training docs. for 3 years

Health Program

(Optional) Emergency Epinephrine

COMAR 10.16.07.15

- A certificate for emergency epinephrine holder may:
 - 1) On presentment of a certificate for emergency epinephrine, receive from any physician licensed to practice medicine in the State a prescription for auto-injectable epinephrine; and
 - 2) Possess and store prescribed auto-injectable epinephrine

Health Program

(Optional) Emergency Epinephrine

COMAR 10.16.07.15

- In an emergency, a certificate for emergency epinephrine holder or agent may administer auto-injectable epinephrine to an individual who is experiencing or believed in good faith by the certificate holder or agent to be experiencing anaphylaxis.

Transportation

- Every child under 8 years old must ride in an appropriate child restraint unless the child is 4' 9" or taller.
- Every child from 8 to 16 years old who is not in a child restraint must be secured in a vehicle seat belt.

Transportation

- Children under 13 years old should ride in the back seat.
- For questions please call or email:
 - Maryland KISS Program at
 - 1-800-370-SEAT or 410-767-6016
 - dhmh.kiss@maryland.org



Unlicensed Camps

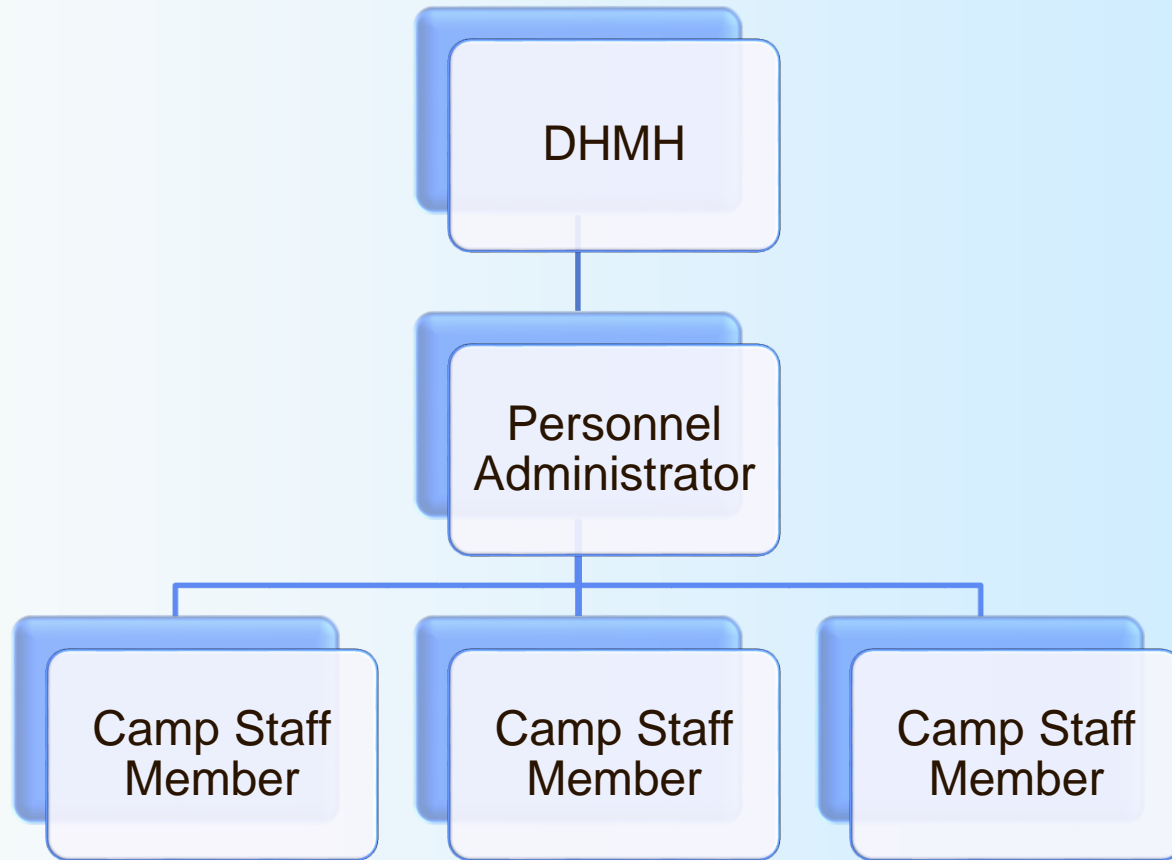
- Contact DHMH-Center for Healthy Homes and Community Services

410-767-8417

Euther.Steele@Maryland.gov

Criminal Background Checks

COMAR 10.16.06.21



CJIS Requirements

- Develop and Maintain Standard Operating Procedures for Handling CHRI
- Maintain a dissemination log
- Collect Live-Scan Pre-Registration Forms
- Collect Signed Privacy Rights Document
- Have each employee complete CHRI Security Awareness Training every 2 years
- Maintain log of CHRI Security Awareness Training



CJIS Requirements Personnel Administrator

- DHMH will be collecting a Live-Scan Pre-Registration Form for each Personnel Administrator
- DHMH will be collecting a signed Privacy Rights Document for each Personnel Administrator
- Please email these two completed documents to CHHCS at:

dhmh.chhcs@maryland.gov

Fee Chart

Maryland Department of Health and Mental Hygiene		
Center for Healthy Homes and Community Services		
Youth Camp Application Fee Chart		
Effective January 1, 2017		
Day Camps		
Camper Days	Regular Fee	"Good Standing" Fee
1 to 500	\$190	\$45
501 to 2,000	\$500	\$125
2,001 to 5,000	\$665	\$165
5,001 or more	\$855	\$215
Residential, Day & Residential, Trip, or Travel Camps		
Camper Days	Regular Fee	"Good Standing" Fee
1 to 700	\$500	\$125
701 to 5,000	\$1,000	\$250
5,001 to 16,000	\$1,500	\$375
16,001 or more	\$2,000	\$500



Achieving Good Standing

- Application submitted on time
- Annual Report submitted on time
- All fees paid
- No Critical Violations for 2 years
- Self-Assessment submitted on time



Benefits of Good Standing

- Camp pays reduced fee
- Camp is inspected once every 4 years instead of annually



Submitting Required Reports

- Camps will be able to submit Annual Report online.

<https://envhlthlicensing.dhmfh.maryland.gov/Account/Login>

- DHMH is working on finalizing the Incident Report for online submission as well.



Water Safety Rescuer Memo

INTERPRETIVE MEMORANDUM

DATE: April 17, 2017

TO: Maryland Youth Camp Operators, Center for Healthy Homes and Community Services
Staff and Summer Inspectors

FROM: Joseph T. McKenzie, III, LEHS, REHS/RS, MPH, Chief
Center for Healthy Homes and Community Services

RE: COMAR 10.16.06.47F(8), Water Safety Rescuer

This memo summarizes the Department's review of our findings regarding materials provided from both the US Sailing Association and the American Canoeing Association on training for watercraft camp personnel and water rescue around the potential equivalence of this training to meet the training requirements specified in COMAR 10.16.06.47F(8): "[One] lifeguard or water safety rescuer who has lifeguard or rescuer certification appropriate for the watercraft site". After the review, we agree that the training content and materials do address the necessary safety issues. Therefore, the Department agrees that staff members who have successfully completed the following curriculum would meet the criteria in COMAR 10.16.06.47F(8):

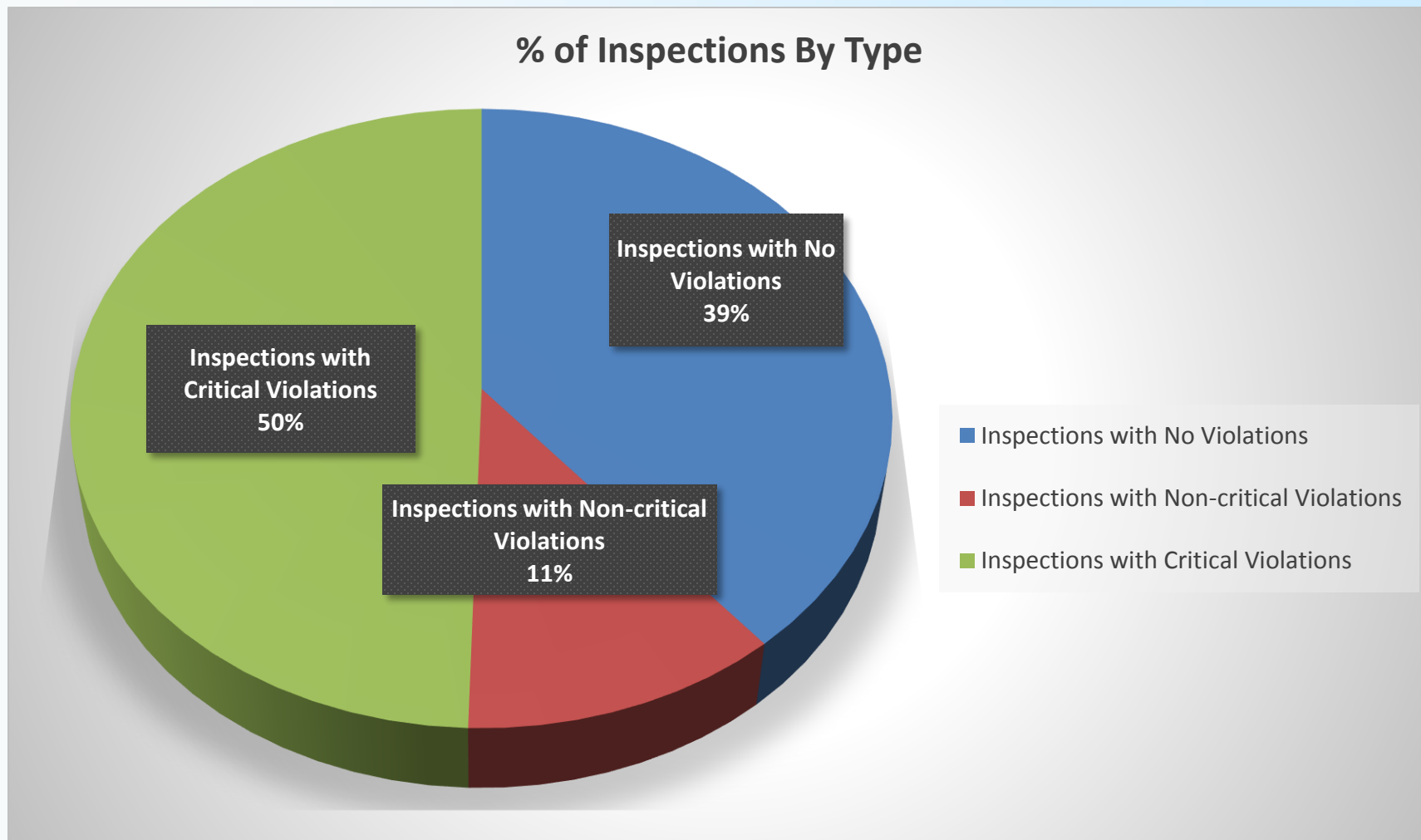
1. US Sailing – Small Boat Level 1 Instructor
2. American Canoeing Association – Level 3: River Canoeing Instructor
3. American Canoeing Association – Level 3: River Kayaking Instructor

Camps who can demonstrate that their staff members have successfully completed the appropriate training for the watercraft activity will be considered to be in compliance with this provision of the youth camps regulations, so long as they meet the following requirements:

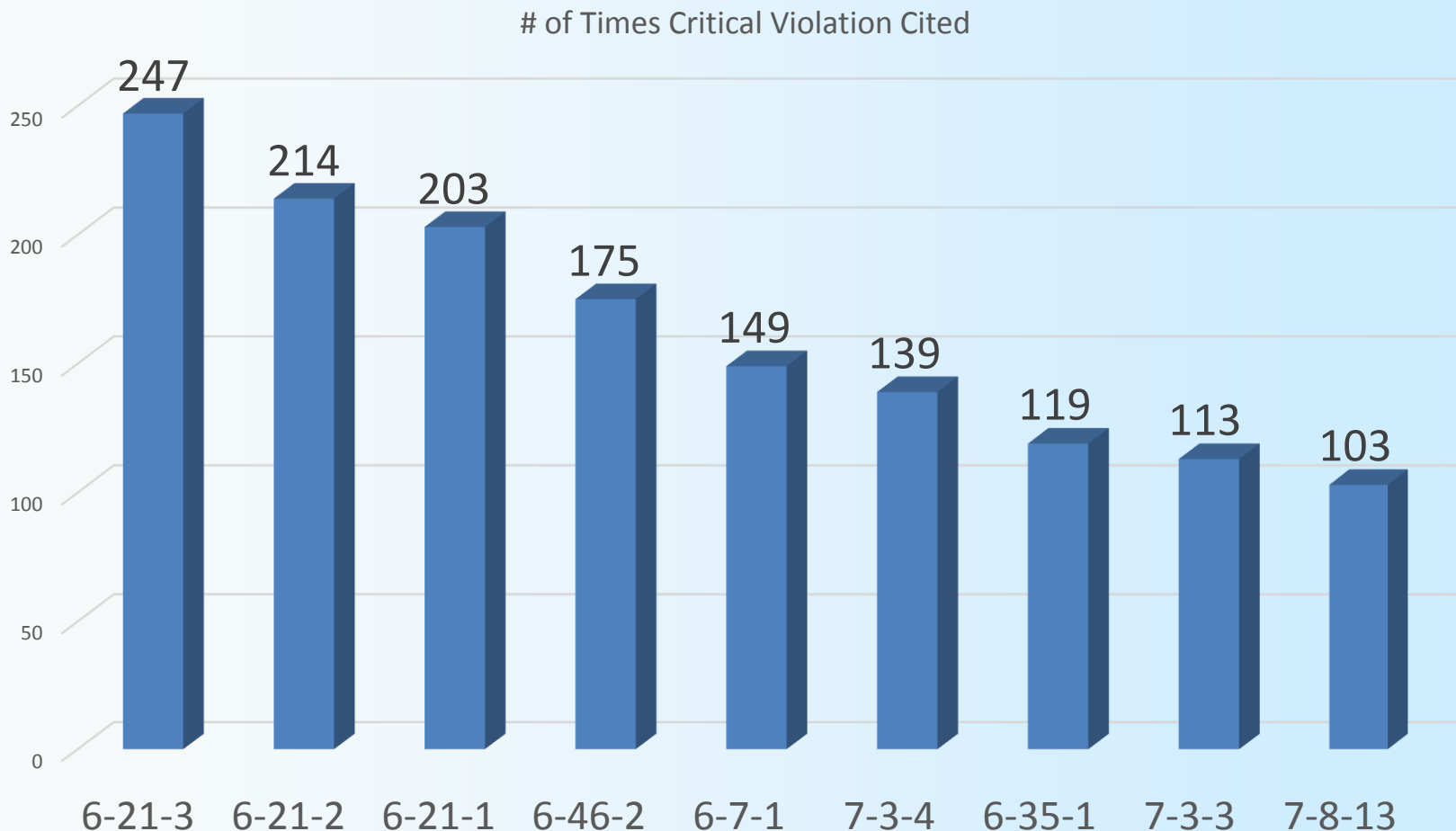
1. At the time of inspection the camp provides appropriate documentation of successful completion of the appropriate training for the watercraft activity for each staff member who falls under the provision;
2. The number of staff so trained and designated is at least as great as the number specified in COMAR;
3. The camp is using the most current version of the applicable training curriculum; and
4. If the curriculum changes, US Sailing or the American Canoeing Association (or another entity representing watercraft camps) notifies the Department to permit a review of the modified curriculum.

This finding does not address other curricula or training materials that may be in use by other camps participating in watercraft activities. The Department reserves the right to review this decision in the future, based on changes in regulation, training materials, and the course content, or other circumstances.

Inspection Highlights 2016



Inspection Highlights 2016



Inspection Highlights 2016

Description	Violation
CPS Background Clearance	6-21-3
FBI Background Check	6-21-2
MD Background Check	6-21-1
Fire Marshal Inspection	6-46-2
Certificate or Letter of Compliance	6-7-1
No Health Approval within 12 months	7-3-4
Majority of Child Abuse Prevention and Reporting	6-35-1
Health Program Signature	7-3-3
Camper Health Record Information	7-8-13

Youth Camp Inspection Process

- Inspectors will not be routinely reviewing plans and procedures on-site
- Plans and procedures will be submitted to the Regional EHS on a rolling 4-year cycle
- Letters will be mailed to camps requesting submission of plans and procedures
- Priority will be given to camps with:
 - 1) Critical violations
 - 2) Violations
 - 3) Camps not in good standing
 - 4) Camps in good standing



Self-Regulated Inspection Process

- Inspection process same as Youth Camp Inspection Process with the following added:
 - DHMH only inspects 5% of the physical locations for each Business/Owner
 - Business/Owner should be verifying that the remaining 95% are complying with COMAR

Self-Regulated Renewal Cover Letter



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Ned Ruckelshaus, Lt. Governor - Dennis R. Schrader, Secretary

SELF-REGULATED CAMP NOTICE OF RENEWAL

April 24, 2017

CECIL COLLEGE
ATTN: TAMMY RAPOSOLO
1 SEABOARD DRIVE
NORTH EAST, MD 21991

RE: SELF-REGULATED CAMPS FOR
CECIL COLLEGE
101 RAILROAD AVE
ELKTON, MD 21921

Dear State or Local Government Camp Operator:

Enclosed is your Self-Regulated Camp Renewal Application along with a physical location sheet for each location operated by your organization. Please review the attached application and sheets, update any necessary information, copy and complete the blank sheet for each additional location and return the entire packet to our office as soon as possible and no later than May 31st. Mail the completed information to:

DHMH-Center for Healthy Homes and Community Services
6 St. Paul Street, Suite 1301
Baltimore, MD 21201

Once your application is processed you will receive an Acceptance Letter for each physical location your organization operates. Please post the appropriate Acceptance Letter at each physical location. The Acceptance Letters will include the specialized activities authorized for each particular physical location so be sure to include any specialized activities when updating the attached sheets.

Thank you for the timely submission of your Self-Regulated Camp Renewal Application. If you have any questions, please do not hesitate to contact the Center for Healthy Homes and Community Services at 410-767-8447.

Sincerely,

Joseph J. McKenzie, III, LEHS, RHHS, MPH, Chief
Center for Healthy Homes and Community Services

201 W. Preston Street, Baltimore, Maryland 21201
410-767-8742 • Fax 410-333-3595

Environmental Health Division

6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202
410-767-8420 • Fax 410-333-8531

Toll Free 1-877-4MD-DHMH
TTY For Disabled Maryland Relay Service 1-800-735-2258
Web Site: <http://dhmh.dhmr.org/dmh6.asp>



Business Contact Information

SELF-REGULATED CAMP NOTICE OF RENEWAL CONTACT INFORMATION

Business Information	Business ID#:	2	Corrections
FEIN	152-058864		
Type	INST OF LOCAL GOVERNMENT		
Name	Cecil College		
Address	100 RAILROAD AVE		
City	ELKTON		
State	MD		
Zipcode	21921		
Phone	410-392-3366		
Fax	410-396-4429		
Email	TDURBOROW@CECIL.EDU		

Mailing Information	Corrections
Contact	TAMMY RAPPOSELLI
Address	1 SFAHAWK DRIVE
Address	
City	NORTH EASY
State	MD
Zipcode	21951

I have carefully examined and read this application and when operating, agree to comply with all applicable laws and regulations of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in an abatement order or closure order, or denial, suspension, or revocation of the youth camp acceptance letter. If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.

Signature: _____ Title: _____ Date: _____



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Questions

